



Volunteer Application

Name:	Home Phone:
Address:	Cell Phone:
Date of Birth if under 21:	E-Mail Address:

Volunteer Interests

Please check all that apply:

<input type="checkbox"/> Interactive: Games, Crafts, Reading, etc. with individual children or in small groups
<input type="checkbox"/> Indirect: Support such as crafts or assigned tasks
<input type="checkbox"/> Class/Performance: Using your talents as an instructor or entertainer for large groups
<input type="checkbox"/> Event Help: Set-up or participation of planned events
<input type="checkbox"/> Other: Please explain:

Volunteer Availability

In the appropriate box below, please indicate the day(s) and times you are available to volunteer:

	Mornings	Afternoons	Evenings
Saturday			
Sunday			

	Afternoons	Evenings
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Volunteers should be able to commit to a regularly scheduled day and time on a recurring basis and/or can make themselves available for special events.



Volunteer Vaccinations & Health

Documentation of a current flu vaccine, COVID vaccines, and TB test are required for all volunteers.

Date of annual flu vaccine: _____

Date of all COVID 19 vaccines:

Date of last TB test: _____ (required if doing more than 10 hours per week)

Volunteer References

Please provide the name, telephone and email address of three persons we can contact, who have known you for more than one year:

Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

NOTE: In lieu of three references, I have attached a letter of recommendation with information relevant to my volunteer application.
_____(Initial)

I understand that Cedarcrest seeks a three-month commitment and by completing this application, I agree to be a volunteer for at least this amount of time. I further understand that volunteers must agree to follow Cedarcrest's policies, including those related to Resident Rights and that, pursuant to NH RSA 151-2, I may need a clearance from a criminal background check prior to volunteering at Cedarcrest.

Volunteer Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If applicant is a minor)